SAMHSA'S NATIONAL CO-OCCURRING CENTER FOR EXCELLENCE

Needs Assessment Form

If the COCE determines that your TA request is appropriate, a TA Specialist will contact you to discuss the details of your request and conduct a more thorough assessment. If you would like to complete this assessment in advance, please download this Needs Assessment Form, complete the required information, and return to the COCE with your Request Form at coce@samhsa.hhs.gov. If you have any questions please contact a COCE TA Specialist at 301-951-3369. Your request will be reviewed by a COCE TA Specialist, who will contact you within 5 working days of receipt of this information. All plans for technical assistance will be discussed with you and then presented for consideration and approval by the COCE Federal Project Officer.

SECTION ONE: ORGANIZATIONAL CONTEXT

1a. Is your organization's primary focus mental health or substance abuse (or other, please specify)?	
1b. Do you have primarily a treatment or administrative setting?	
1c. What is the target population that your organization serves (e.g., adults, children & adolescents)?	
1d. Are there specialty sub-populations (e.g., women, the homeless, criminal justice-involved)?	
1e. Estimated number/percentage of clients served who have co-occurring disorders	Number _____ Percentage _____
1f. Total number of clients served annually	
1g. Number of staff	
1h. What percentage of staff is clinical?	
1i. Is this organization independent?	
1j. If not independent, what is the name and address of parent organization?	
1k. How many locations do you operate?	

SECTION TWO: ORGANIZATIONAL READINESS

2. **What problem or need have you identified related to co-occurring disorders (COD) that is prompting this request for assistance? How did you identify this?**

[ ]

3. How are co-occurring disorders currently addressed in your organization?

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4. **What aims or goals has your organization set for itself in the area of COD? What priority does this have in your organization? Does senior leadership give this priority? Have resources been committed to COD improvement activities? Are other significant change activities going on simultaneously?**

A. Aims or Goals

B. Organizational Priority/Leadership Support

C. Resource Commitment to COD Improvement

D. Other Change Activities in Process

5. What is your organization's Technical Assistance/Training history?

a. Is your organization currently receiving or scheduled to receive TA/CT from any other source? (If yes **for what, by whom**, **how funded**)	

b. Has your organization received TA/Training in the last 3 years? (If yes, **for what, by whom, how funded**)	
c. What evidence-based or promising practices are a part of your delivery system? Were these implemented using external TA?	

6. How does your organization assess its own current capabilities around COD? (Strengths/weaknesses: What do you do best? What is your biggest challenge?)

7. What is your experience working with other organizations around client care needs? What are the community capabilities and opportunities for collaboration on COD? (e.g. Do you have existing formal consultation/collaboration agreements? Informal arrangements? Joint projects or initiatives? Examples?)

8. What are the barriers (internal & external) your organization has identified which must be addressed to improve care of COD?

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9. **How does your organization assess its stability and organizational environment for improvement/change? (Leadership continuity/clear mission/cohesiveness/staff turnover/adequate staffing & funding, etc.)**

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SECTION THREE: ADDITIONAL ORGANIZATION INFORMATION

10. **Is your organization accredited? By what entity? Accreditation status? Next accreditation review?**

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11. **What is your annual operating budget? Has it increased or decreased from your last fiscal year?**

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12. **What are your organization's sources of funding? (check all that apply)**

a. State funding	
b. County funding	

c. Grants	
d. Fees	
e. Other Contracts	
f. Private Health Insurance	
g. Medicare	
h. Medicaid	
i. Other public or private funding (specify)	

13. Is there any additional organization information that you would like to supply that could assist us in understanding your organization? (e.g. Web site info, strategic plan, etc. Feel free to attach any additional background documents with this self-assessment form.)

14. Intake Information (For COCE Purposes Only)

Date Received	
Request Form Received	_____ Yes _____ No
TA Request ID#	
TA Specialist Assigned	

Date Forwarded to TA Specialist	